

US Army Pregnancy/Postpartum Physical Training Program

Health Care Professional Information Brief

[DATE]



[Local PPPT POC name and contact
information]

Purpose

- Overview of program
- Local implementation process
- Health care professional roles

Facts

- Army has a responsibility to provide safe, adequate training and guidance to meet required fitness and weight standards
- Exercise by a healthy Soldier during pregnancy and postpartum is beneficial to both Soldier and baby
- Goals are to maintain fitness during pregnancy and to return fit Soldiers back to unit PT after delivery
- The health and safety of the Soldier and baby can be maximized by a standardized program.

Challenge

Maintain Fitness and Retention

- 1.3% AD Force delivers a baby annually
- No PT guidance or standardization Army-wide
 - Reduction in fitness levels
 - Increase in injuries/ illnesses
- Current Army policies inadequate and fragmented
- Army Family Action Plan issue #532

Solution

WHAT?

- Establishment of Army-wide PPPT program IAW MEDCOM recommended standards and policies

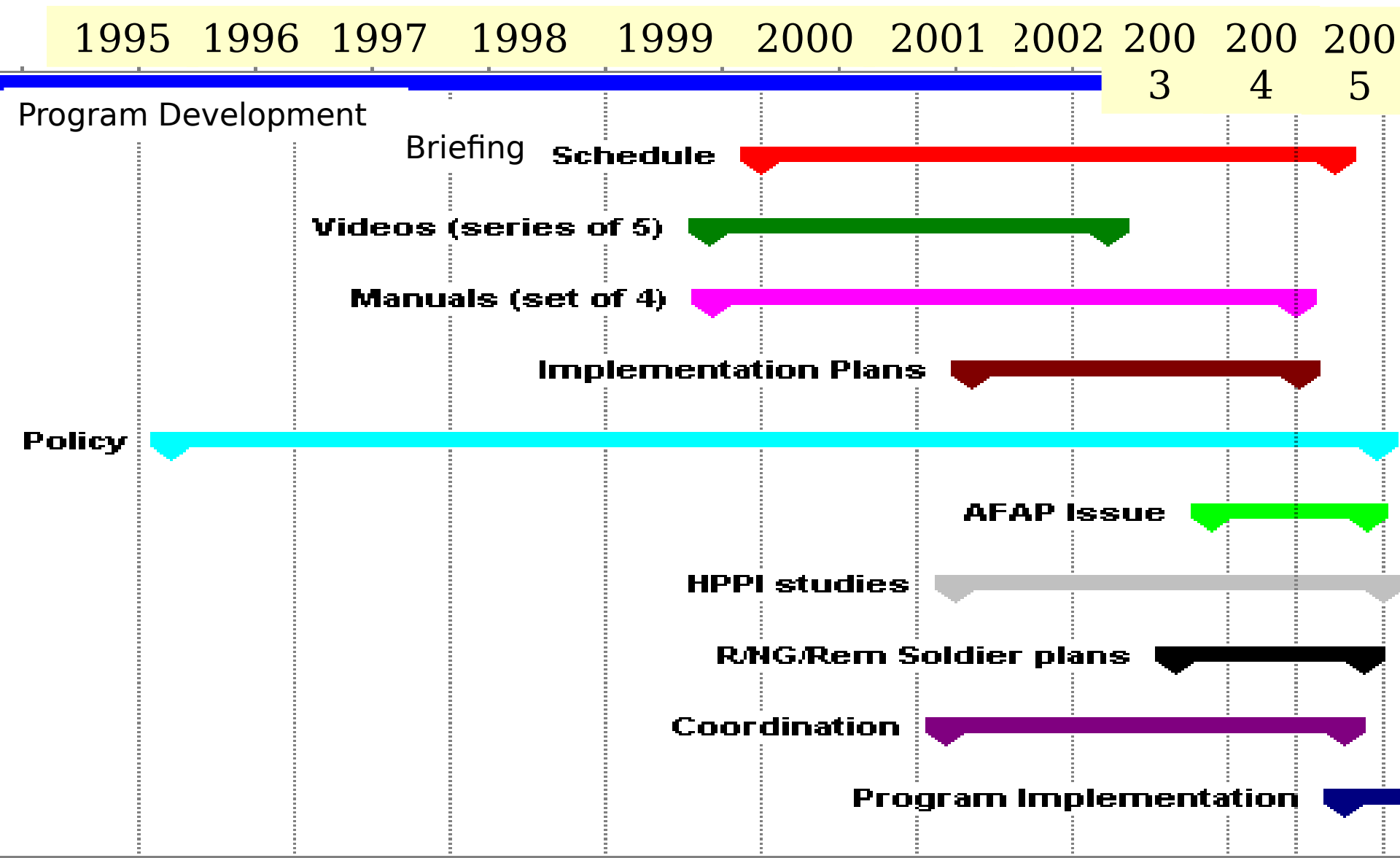
HOW?

- G3/5/7 mandate approved PPPT Program as a component of US Army Physical Fitness Program with coordination from MEDCOM and ACSIM.

WHY?

- Consistent with AR 350-1, Education and Training and AR 40-501, Standards of Medical Fitness
- Meets AFAP recommendations
- Shown to be effective and safe
- Provides benefits of readiness/medical cost avoidance

Program Timeline



Science-Based Program

Affect Readiness by Maximizing the Return to

BENEFITS of CONSISTENT PARTICIPATION

Improve maternal fitness performance

Increase postpartum fitness levels

Reduce body fat and weight gain

Increase morale by providing safe PT

Lessen physical discomforts during pregnancy, labor, and delivery

Reduce cesarean rate

Increase self-esteem and reduced stress

Improve health benefits and well-being

Recommend implementation of pregnancy/postpartum fitness programs at all installations with emphasis on consistency, strength and aerobic conditioning

Coordination

- The Army Surgeon General
- OTSG medical and nursing consultants
 - OB/GYN, Women's Health
- Commandant, US Army Physical Fitness School
- FORSCOM G-1 and FORSCOM Surgeon
- TRADOC Surgeon
- RC and ARNG Surgeons
- HQDA, G-1 Human Resources Policy Directorate
- IMA, Deputy Director
- USACHPPM CG, DTS and subject matter experts

Program Evaluation

- **Readiness Impact**
 - Pre-pregnant vs. Post-delivery APFT measures indicate FITNESS LEVELS MAINTAINED
 - No statistically significant difference in pre-pregnant and post-delivery APFT total scores
- **Retention Impact**
 - 14% PPPT participants influenced by program NOT to Chapter 8
- **Economic Benefit** (using existing personnel for local programs)
 - Cost per enlisted pregnancy per recurring year \$47
 - ROI: benefit to cost ratio 73.5
 - Estimated readiness and medical cost avoidance \$20K per year

Local PPPT Implementation

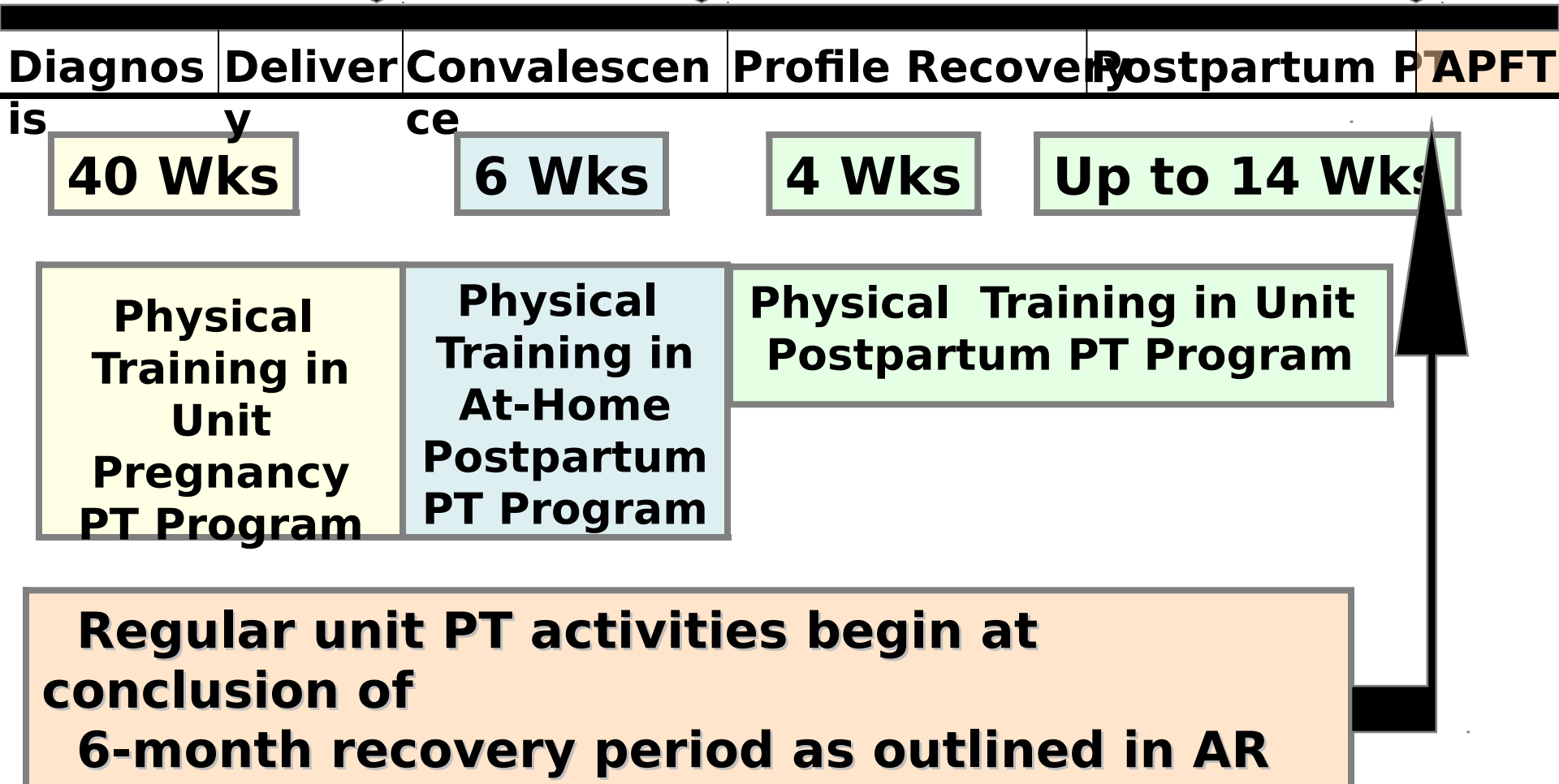
Commander's Consolidated Installation Program

PREGNANCY

Y 9 + Months

POSTPARTUM

M 6 Months



Proposed PPPT Leadership

US Army Physical Fitness Training Program Specified Proponent

Commander's Consolidated Installation Program

Local PPPT Personnel

Command Asset
Instructor Trainer

MTF Asset
Medical Expert

NCOs from the units
Exercise Leaders

Active Duty pregnant/postpartum Soldiers
accountable to unit for attendance

All leaders trained in pregnancy/postpartum fitness

Local Personnel Roles

- ***Medical Expert (ME)***

- ***Medical oversight and quality control***
- ***Consultative services for IT and EL***
- ***Coordinator of Health Education Class***
- ***Assist in EL training***

- **Instructor Trainer (IT)**

- Liaison with units
- Operate PPPT program
- Train Exercise Leaders
- Collect program outcomes data

- **Exercise Leaders (EL)**

- Lead program exercise sessions
- Assist with Soldier accountability
- Recommend using NCOs with fitness backgrounds



Pregnancy/ Postpartum Exercises

- Centering
- Strengthening
- Flexibility
- Special exercises
- Cardiovascular
- Relaxation/ Stress Management
- Core strength/ calisthenics



Education

- Core Curriculum
 - OTSG consultant approved presentations
 - Available on PPPT website
 - Wide variety of topics
- Taught weekly by SMEs
- Provide awareness, knowledge, skills training



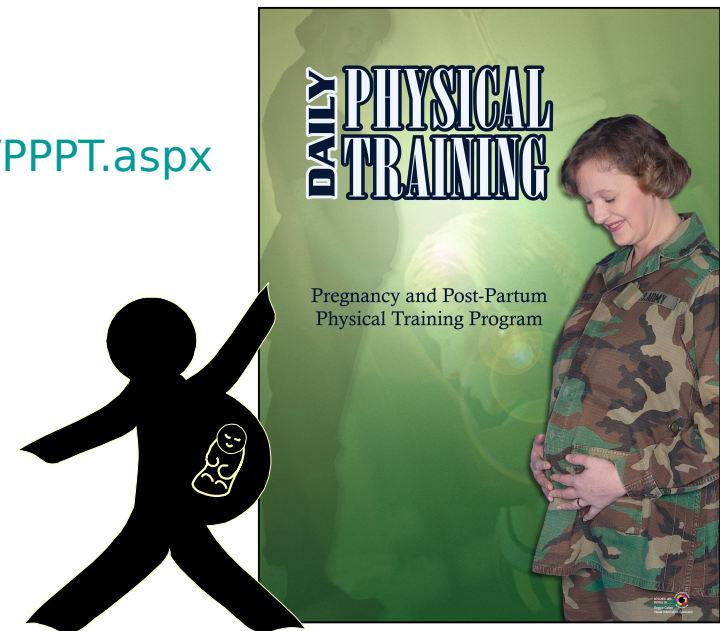
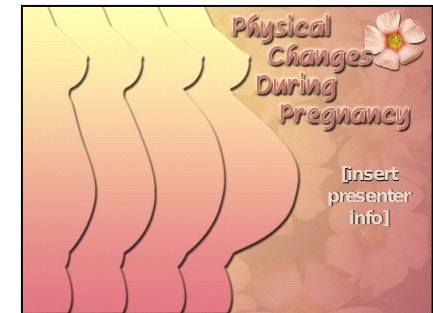
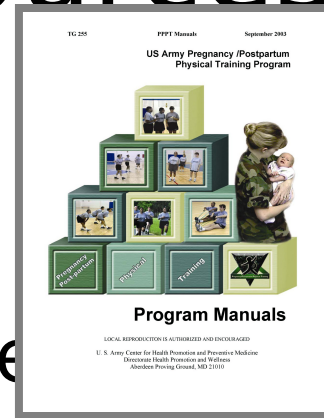
PPPT Program Resources

- Manuals
- Video Tapes
- Implementation Guide
- Educational Presentations
- USACHPPM Website

<http://usachppm.apgea.army.mil/dhpw/Readiness/PPPT.aspx>

- Resources
- Marketing tools
- Data reports
- Sample briefings

- Leader Training Course



HCP - you have a part to play!

- Provide clear pregnancy and postpartum profiles.
- Direct pregnant Soldiers to the PPPT Program.
- Encourage healthy Soldiers to attend.
- Volunteer to teach a health education class in your area of expertise.
- Share positive stories about the PPPT Program with Commanders.

Frequent Local Challenges

- Follow standardized content consistently
- Partner with other organizational personnel
- Plan for Soldiers returning to unit
- Encourage active participation
- Maintain funding for sustainment
- Receive leader training by SME
- Collect follow-up data



Frequently Asked Questions

- Is the PPPT program treated differently than other Army special population PT programs?
 - No, per TSG
- Are Soldiers required to wear the PT uniform?
 - Yes, until it no longer fits and then they can either wear a larger size or wear appropriate civilian fitness clothes (no tight or short tops)
- Are family members allowed to attend PPPT?
 - No, this is an Army unit PT program with military goals
- Can the program be mandatory?
 - Attendance may be the Soldier's place of duty after HCP clearance to participate has been given

Feedback

- Your questions for us
- Your comments are welcome